


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90031 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000001141					
1. Corporation Name VINELAND OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8130 VINELAND OAKS BLVD ORLANDO FL 32835 US			Mailing Address 8130 VINELAND OAKS BLVD 80 ORLANDO FL 32835 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/26/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3179987	
City & State 22		City & State 27		Applied For Not Applicable	
Zip 24		Country 25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
Zip 29		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LORENZ, RAYMOND 8130 VINELAND OAKS BLVD ORLANDO FL 32835			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE D <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME LORENZ, RAYMOND			1.2 NAME		
STREET ADDRESS 8130 VINELAND OAKS BLVD			1.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL			1.4 CITY-ST-ZIP 32835		
TITLE D <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MCMACKEN, JOHN			2.2 NAME		
STREET ADDRESS 8124 VINELAND OAKD BLVD			2.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32835			2.4 CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME SIBIGA, CHARLOTTE			3.2 NAME MIKE WYRE		
STREET ADDRESS 8101 VINELAND OAKS BLVD			3.3 STREET ADDRESS 8202 VINELAND OAKS BLVD		
CITY-ST-ZIP ORLANDO FL			3.4 CITY-ST-ZIP ORLANDO FL 32835		
TITLE D <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HOOPER, VIKRGINIA			4.2 NAME		
STREET ADDRESS 8118 VINELAND OAKS BLVD			4.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32835			4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME GATIAL, JOE			5.2 NAME		
STREET ADDRESS 8283 VINELAND OAKS BLVD			5.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32835			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond Lorenz **SIGNATURE REQUIRED** RAYMOND LORENZ 10 Jan 99 (407) 297-9163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)